

County: Clark
NEILLSVILLE MEMORIAL HOME
216 SUNSET PLACE

Facility ID: 6010

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NEILLSVILLE 54456 Phone: (715) 743-3101
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/03): 114
Total Licensed Bed Capacity (12/31/03): 114
Number of Residents on 12/31/03: 105

Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 104

| Services Provided to Non-Residents | | Age, Gender, and Primary Diagnosis of Residents (12/31/03) | | | | Length of Stay (12/31/03) | | % |
|------------------------------------|-----|--|-------|------------|-------|---------------------------------|--|------|
| Home Health Care | Yes | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 27.6 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | | 26.7 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 1.0 | More Than 4 Years | | 31.4 |
| Day Services | No | Mental Illness (Org./Psy) | 30.5 | 65 - 74 | 6.7 | | | ---- |
| Respite Care | Yes | Mental Illness (Other) | 0.0 | 75 - 84 | 20.0 | | | 85.7 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 52.4 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 3.8 | 95 & Over | 20.0 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 2.9 | | ---- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 1.0 | | 100.0 | (12/31/03) | | |
| Other Meals | No | Cardiovascular | 33.3 | 65 & Over | 99.0 | ----- | | |
| Transportation | No | Cerebrovascular | 12.4 | | ----- | RNs | | 7.1 |
| Referral Service | No | Diabetes | 8.6 | Gender | % | LPNs | | 10.0 |
| Other Services | No | Respiratory | 7.6 | | ----- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 0.0 | Male | 20.0 | Aides, & Orderlies | | |
| Mentally Ill | No | | ---- | Female | 80.0 | | | 51.3 |
| Provide Day Programming for | | | 100.0 | | ---- | | | |
| Developmentally Disabled | No | | | | 100.0 | | | |

Method of Reimbursement

| | | Medicare (Title 18) | | | Medicaid (Title 19) | | | Other | | | Private Pay | | | Family Care | | | Managed Care | | | | |
|----------------------|-----|------------------------|---------------------|-----|------------------------|---------------------|-----|-------|---------------------|-----|----------------|---------------------|-----|----------------|---------------------|-----|-----------------|---------------------|-------------------------|----------------|--|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | Total Resi- dents | % Of All | |
| Int. Skilled Care | 0 | 0.0 | 0 | 2 | 2.6 | 127 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 2 | 1.9 | |
| Skilled Care | 1 | 100.0 | 203 | 67 | 85.9 | 109 | 0 | 0.0 | 0 | 26 | 100.0 | 137 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 94 | 89.5 | |
| Intermediate | --- | --- | --- | 9 | 11.5 | 90 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 9 | 8.6 | |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | |
| Total | 1 | 100.0 | | 78 | 100.0 | | 0 | 0.0 | | 26 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 105 | 100.0 | |

| ***** | | | | | | |
|--|------|--|-------------|--------------------------------------|-----------|-----------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 | | | | |
| | | ----- | | | ----- | |
| Percent Admissions from: | | Activities of | % | % Needing Assistance of | % Totally | Total Number of |
| Private Home/No Home Health | 9.3 | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 2.8 | Bathing | 0.0 | 77.1 | 22.9 | 105 |
| Other Nursing Homes | 4.6 | Dressing | 18.1 | 61.9 | 20.0 | 105 |
| Acute Care Hospitals | 79.6 | Transferring | 34.3 | 47.6 | 18.1 | 105 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Toilet Use | 30.5 | 47.6 | 21.9 | 105 |
| Rehabilitation Hospitals | 0.9 | Eating | 86.7 | 7.6 | 5.7 | 105 |
| Other Locations | 2.8 | ***** | | | | |
| Total Number of Admissions | 108 | Continence | % | Special Treatments | % | |
| Percent Discharges To: | | Indwelling Or External Catheter | 8.6 | Receiving Respiratory Care | 5.7 | |
| Private Home/No Home Health | 11.8 | Occ/Freq. Incontinent of Bladder | 40.0 | Receiving Tracheostomy Care | 0.0 | |
| Private Home/With Home Health | 27.3 | Occ/Freq. Incontinent of Bowel | 19.0 | Receiving Suctioning | 0.0 | |
| Other Nursing Homes | 2.7 | | | Receiving Ostomy Care | 2.9 | |
| Acute Care Hospitals | 4.5 | Mobility | | Receiving Tube Feeding | 1.0 | |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Physically Restrained | 4.8 | Receiving Mechanically Altered Diets | 54.3 | |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 8.2 | Skin Care | | Other Resident Characteristics | | |
| Deaths | 45.5 | With Pressure Sores | 2.9 | Have Advance Directives | 97.1 | |
| Total Number of Discharges | | With Rashes | 0.0 | Medications | | |
| (Including Deaths) | 110 | | | Receiving Psychoactive Drugs | 44.8 | |

| ***** | | | | | |
|---|---------------|---------------------------------|----------------|-------|-------|
| Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities | | | | | |
| ***** | | | | | |
| | This Facility | Other Hospital-Based Facilities | All Facilities | | |
| | % | % | Ratio | % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 85.2 | 90.1 | 0.94 | 87.4 | 0.97 |
| Current Residents from In-County | 85.7 | 83.8 | 1.02 | 76.7 | 1.12 |
| Admissions from In-County, Still Residing | 31.5 | 14.2 | 2.22 | 19.6 | 1.60 |
| Admissions/Average Daily Census | 103.8 | 229.5 | 0.45 | 141.3 | 0.73 |
| Discharges/Average Daily Census | 105.8 | 229.2 | 0.46 | 142.5 | 0.74 |
| Discharges To Private Residence/Average Daily Census | 41.3 | 124.8 | 0.33 | 61.6 | 0.67 |
| Residents Receiving Skilled Care | 91.4 | 92.5 | 0.99 | 88.1 | 1.04 |
| Residents Aged 65 and Older | 99.0 | 91.8 | 1.08 | 87.8 | 1.13 |
| Title 19 (Medicaid) Funded Residents | 74.3 | 64.4 | 1.15 | 65.9 | 1.13 |
| Private Pay Funded Residents | 24.8 | 22.4 | 1.10 | 21.0 | 1.18 |
| Developmentally Disabled Residents | 0.0 | 1.2 | 0.00 | 6.5 | 0.00 |
| Mentally Ill Residents | 30.5 | 32.9 | 0.93 | 33.6 | 0.91 |
| General Medical Service Residents | 0.0 | 22.9 | 0.00 | 20.6 | 0.00 |
| Impaired ADL (Mean)* | 42.1 | 48.6 | 0.87 | 49.4 | 0.85 |
| Psychological Problems | 44.8 | 55.4 | 0.81 | 57.4 | 0.78 |
| Nursing Care Required (Mean)* | 8.3 | 7.0 | 1.19 | 7.3 | 1.14 |